IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

C/A.U.

Attv JRL-2380-1220

Dkt. C# M#

2817

DABROWSKI et al.

Serial No. 10/554,416

October 24, 2005 Filed:

Title:

AN IMPROVED DIRECTIONAL

Examiner: Lee, Benny T.

Date: May 20, 2008

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

AMENDMENT

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ Correspondence Address Indication Form Attached.

Fees are attached as calculated below:

Total effective claims after amendment minus highest number previously paid for 20 (at least 20) = x \$50.00 \$0.00 (1202)/\$0.00 (2202) \$ Independent claims after amendment minus highest number previously paid for (at least 3) =x \$210.00 \$0.00 (1201)/\$0.00 (2201) \$ 3 If proper multiple dependent claims now added for first time, (ignore improper); add \$370.00 (1203)/\$185.00 (2203) \$ Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) One Month Extension \$120.00 (1251)/\$60.00 (2251) Two Month Extensions \$460.00 (1252)/\$230.00 (2252) Three Month Extensions \$1050.00 (1253/\$525.00 (2253) Four Month Extensions \$1640.00 (1254/\$820.00 (2254) Five Month Extensions \$2,230.00 (1255/\$1115.00 (2255) \$ \$130.00 (1814)/ \$65.00 (2814) Terminal disclaimer enclosed, add Applicant claims "small entity" status. ☐ Statement filed herewith \$180.00 (1806) 180.00

Rule 56 Information Disclosure Statement Filing Fee

10

Assignment Recording Fee

\$40.00 (8021) 0.00

Other:

TOTAL FEE \$ 180.00

oxtimes CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

JRL:maa

NIXON & VANDERHYE P.C.

By Atty: John R. Lastova, Reg. No. 33,149

Signature:

1339018

0.00

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Total effective claims after amendment

10 minus highest number

previously paid for

previously paid for

20

 $(at least 20) = 0 \times 50.00

\$0.00 (1202)/\$0.00 (2202) \$

Independent claims after amendment

3 minus highest number

minus nignest nu 0 x \$210.00

\$0.00 (1201)/\$0.00 (2201) \$

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